DOCUMENT RESUME

ED 262 330 CG 018 565

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TITLE Past versus Future Orientation in Psychotherapy for the Elderly.
PUB DATE 23 Aug 85
NOTE 16p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Aging (Individuals); Anxiety; *Client Characteristics (Human Services); *Older Adults; *Psychotherapy; Quality of Life; *Time Perspective

ABSTRACT

Any attempt to discuss psychotherapy with the elderly must be cognizant of the broad spectrum of personality style, life experience, and health status that exists among older adults. This diversity holds true in the specific realm of time perspective as well. Older clients may bring to psychotherapy an active engagement with the present, a past-orientation with disruption, or obedience to external time. Time perspective research has indicated that the elderly as well as younger adults are most likely to be directing their thoughts to the near future. This finding suggests that elderly clients who exhibit a loss of subjective futurity (immersion in the past for prolonged periods) are not characteristic of older adults and may be experiencing problems in time orientation. In many clinical instances, anxiety and despair have disrupted the functional link that connects subjective past, present, and future. The individual is unable to conceive of his life as a whole. It is helpful for therapists to understand the specific way a client has organized himself with respect to time, how this pattern may have become disrupted, and how therapy can help restore the sense of continuity from who one has been to who one is now and who one will yet become. (Three brief case histories illustrate the various time orientations discussed.) (NRB)

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Presented at the American Psychological Association Annual Meetings
August 23, 1985

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PAST VERSUS FUTURE ORIENTATION IN PSYCHOTHERAPY FOR THE ELDERLY

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PAST VERSUS FUTURE ORIENTATION IN THERAPY FOR THE ELDERLY

Any attempt to discuss psychotherapy with the elderly must be cognizant of the broad spectrum of personality style, life experience, and health status that exists among adults of advanced age. This diversity holds true in the specific realm of time perspective as well. Several brief examples of this diversity are offered, along with their implications for therapeutic goals and techniques.

Three Orientations Toward Time

Active Engagement with the Present

More than fifty thousand older adults make their home in Sun City, Arizona, with thousands more residing in adjacent communities designed specifically for this age group. Both survey and intensive interview data enable us to draw a portrait of the "typical" resident (Kastenbaum, Baker, & White, 1983). This person is a caucasian from the middle west, still married to his or her first mate, enjoying rather good health, and possessed of financial resources that, although adequate, must be carefully monitored. Should this modal person become your client in a psychotherapy relationship you would find yourself with an individual who matches and perhaps even

surpasses your own orientation toward the efficient use of time. This higghly active person regards time as a palpable resource that should not be wasted or dribbled away. The week and the day will be divided and subdivided into time allotments, tight schedules will be maintained, and the complaint will almost always be that there is not enough time to do everything that one has in mind. There is a prevailing sense that one does not want to miss anything, accompanied by anger and scorn if time is wasted by the failure to begin and end a scheduled event promptly. It is the individual's present life situation that is most often on center stage, the present, that is, angled toward the future: "What I must still do today! What we have scheduled for next week!" One is impressed by this person's active involvement in daily life, here and now. There is no obvious disposition toward mulling over the past or dwelling on the more remote facets of the future.

Past-Oriented and Disrupted

Let us now consider a person of the same age who brings a different background and orientation to the therapeutic situation. Think of a woman who had been a "home body" for most of her adult life. She had long been at the center of family affairs. Never much interested in society at large, she carried out what she saw to be her obligations to husband, children and other relations and expected certain "returns" from them. Her view of life has been largely conditioned by values and expectations mediated through an ethnic orientation that has since been challenged by other social forces.

Now her life is coming apart. Her husband is dead, her children scattered, and the neighborhood is not at all the way it used to be. She herself has developed physical impairments that make it very difficult to manage independently, but she will tell you fiercely that she'd rather die than "rot in a nursing home."

It is obvious immediately that this woman's relationship to past and future differs appreciably from the first person we considered. She is experiencing a massive discontinuity. Her source of strength had been the role she played in maintaining a past-oriented value system. This tradition has now lost much of its functional utility. Drawing upon the past is more likely to separate her from others rather than contribute to social integration. And yet mental visitations to the past appear to hold more solace than do interactions with the barren present and the threatening future. The only ones who really understand her are the dead. She is not prepared to let new people into her life, even if they chose to enter. Most "activities of daily life" lack relevance. Once she assumed without question that her life possessed an inner core of continuity from generations before her own childhood through the present into a family-oriented future. This interconnection has fallen apart. She lives within the rubble of what had been a cognitively and socially integrated life. She is kept going only a kind of stubbornness, a persistence that does not depend upon intellectualization or the daily balance of suffering and satisfaction. Even with this hardy survival orientation, however, she wonders increasingly: why go on?

Obedience to External Time

The man we are concerned with here has been in and out of institutions throughout his life. He has had a variety of psychiatric diagnoses. The common thread has been his inability to live independently in the community for any prolonged period of time. One might characterize him simply as an "inadequate personality" whose hold on reality loosens quickly under pressure. He is not considered to be a menace to others, and he has functioned fairly well in sheltered workshops and other structured situations. For the past few years this man has been one of the pawns in the tournament known as deinstitutionalization. At the moment there appear to be two administrative options available for him: independent placement in the community, or admission to a psychiatric nursing home. For fiscal and political reasons, the authorities are attempting to reject the option of his remaining in a state hospital.

It is not likely that he will actually have the opportunity for sustained individual counseling and therapy, but just let us suppose. We would find ourselves interacting with a person who regards time largely as an external structure. Time is routine. Time is the imposed schedule to which he adjusts in one way or another. Time is a recurring cycle of meals, activities, and minor responsibilities, spiced by occasional novelties. He does not <u>own</u> time and guard it jealously as does his age-mate in Sun City, nor do past, present, and future stand in such catastrophic contrast to each other as they do for the ailing woman devoted to her ethnic ways. His years of

experience have equipped him to adapt well to institutional environments and to acquire a senior status that is now threatened by expulsion. The pace and rhythms of life outside of institutional walls also comprise a threat, as do the consequences of failing to plan ahead adequately in that confusing, unpredictable world out there. His basic impulse is to retreat into a safe time-space frame and ignore as much as he can of opportunity and demand. Nevertheless, he is not entirely without hope and take great pride in finding a place for himself in the larger world.

All three people might benefit from psychotherapy. The active, well educated and affluent resident of Sun City may have developed an alcohol problem, or alarmed his spouse with talk of suicide. The ethnic widow may be behaving in ever more extreme ways as she engages in a bitter conflict with those who believe she should enter a nursing home. The man on the verge of deinstitutionalization may be experiencing somatic distress or trying out "crazy" behaviors as a forced move becomes more likely. In each of these situations there is opportunity for psychotherapy not only to help the person come to grips with the immediate challenge, but also to come out of the crisis stronger and more confident than before. The very brief comments on therapeutic goals and technique that follow are intended to be illustrative only and focus on time perspective. In the actual situation, of course, the therapist has many other factors to consider as well.

Implications from Time Perspective Research

First, it will be useful to retire any lingering assumptions about the temporal orientation of elderly adults. Time perspective research makes it clear that most older people do not "live in the past" in the disparaging sense of being absorbed by their yesterdays and lacking interest in the present and future (Kastenbaum, 1982). Studies of "consciousness sampling," for example, indicate that elderly as well as younger adults are most likely at any particular moment to be directing their thoughts to the near future (Cameron, 1972). There is a tendency at all ages to probe a little ways ahead, anticipating and planning in a rather loose, day-dreamy manner. In general, older adults continue to keep an eye on what is likely to happen next, or what they intend to do next. Although the younger adult has the objective prospect of a longer future, it is only on occasion that thought is projected far ahead. There is a somewhat parallel situation with regard to retrospection, the backward turning of thought. Older people, of course, have more extensive life histories to reflect upon. Nevertheless, it is only on special occasions that most older people devote themselves to what has become known as "life review" (Butler, 1981). Both the younger and the older adult are more likely to be thinking about what they will have for dinner tonight than about remote events in either temporal direction. Similarly, the affective quality that accompanies ordinary future-directed thought tends to be neutral, shaded to the pleasant, but often accompanied by a mild tinge of anxious anticipation.

There are, however, different emphases in the use of pastness among older and younger adults in general. We have found, for example, that elderly people are more likely to enrich their story productions and conversation with references to beginnings and origins--but without neglecting the future dimension (Kastenbaum, 1963). Their verbal productions are often more interesting because past because they integratee past as well as future dimensions of a situation. Spontaneous "uses of the past" are most often oriented around practical matters, the decision-points of daily life. Most frequently, older people scan certain aspects of their past experience in order to cope with current demands and opportunities (Coleman, 1974; Revere & Tobin, 1981). There is at times a defensive purpose involved, a temporary retreat into the past, just as younger people will sometimes take refuge in the imagined future. Nevertheless, the characteristic use of the past by an older adult has an adaptive intent that could be explored fruitfully from the standpoint of information processing. At least one additional point should not be neglected even in this very brief summary of time perspective among older adults. It has been observed repeatedly that future time perspective has a degree of independence from the length of life remaining to the individual, as best estimated by objective measures (Kulys & Tobin, 1980). Some people remain closely attuned to the future even as they live out their last months, weeks, or days. Usually this does not take the form of projecting thought into a distant futurity, but rather an interest in "nextness," in new or continuing developments that involve themselves and their loved ones.

I remember a man of 97 years who knew that his time was short but had a personally significant agenda to accomplish, topped by the need to find a good home for his old dog. This is not really unusual. Most of us tend to live poised toward the future, and neither aging nor the prospect of death necessarily destroy that orientation.

From the research literature on time perspective across the lifespan, then, we might draw at least two guiding principles:

1) The loss of subjective futurity, especially the awareness of and interest in "nextness", is <u>not</u> a normal component of aging. Instead, the absence or significant dulling of subjective futurity is a problem to be addressed, and the restoration of a lively interest to things-to-come would be a valuable therapeutic outcome.

2) Immersion in the past for any prolonged period of time is also <u>not</u> a characteristic that is necessary associated with advanced age. Again, this state of mind signifies the existence of a problem and its alleviation constitutes part of the desired outcome.

Some Clinical Implications

One other guiding principle will be suggested, along with a few of its clinical implications:

In many clinical instances anxiety and despair have disrupted the functional link that connects subjective past, present and future. The

individual is unable to conceive his or her life as a whole. A major component of the therapeutic task, then, is to help restore the person to him or herself, to facilitate the sense of continuity from who one has been to who one is now and who one will yet become.

The man in Sun City apparently had everything he ever wanted for his retirement years, including warm weather, golf, and a secure community. To simplify the situation, however, he no longer knew just who he was. He could allow himself almost no connection between the person he had been for so many years and the personna he had tried on for size in Sun City. He could speak to you as the rather driven, perfectionistic manager who made decisions crucial to hundreds of employees. And he could present himself as the affable, mellowed-out golfer who was <u>really</u> enjoying his new life, and <u>really</u> interested in the classes and committees that filled many of his hours away from the links. These two partial selves, however, were walled off from each other, and comfort was now to be found only in the bottle. It would be exaggeration to speak of this man as displaying a multiple personality, but quite literal to note that he differed significantly in speech, posture, gait, animation, and activity depending upon the temporal frame of reference. He could not at the same time be who he was and who he had become. Short-term therapy was successful, largely because this man already had in himself the makings of the person he needed to be. A little cathexis, a little support, a little insight, and, finally, a bit of role-playing were enough to help him restore the continuity of self, taking what was most important and

characteristic of his personality and values more fully into the present and future.

The widow benefitted from a therapeutic relationship with a social worker from her own ethnic group who was, incidentally, only a few years her junior. In this instance the ability to communicate with the client in her first language proved very useful. The language itself helped to bridge the gap across temporal domains, although it was not until the third session that the widow would apply her native language to future contingencies--previously she had employed language as a sharp marker between past and future. Also of interest is the fact that the therapist did not delve much into her client's extensive life history, a pursuit that could have taken many more hours than were available. Instead the therapist took an active role, injecting her own vivid personality and becoming what might be called a highly formidable companion. The therapist's own vitality somehow made the future, and therefore the present, seem intriguing to the widow. She held on to the past as relentlessly as ever, but her survival impulse renewed itself, and pride now demanded more adventures rather than resignation. "I am still full of steam, like an old train," she told the therapist. "I keep going and to hell with all the bastards!"

The gentleman with a history of intermittent institutionalization did not suffer from a lack of coherence within his own limited time framework. Instead his problems centered around the threat of environmental discontinuity and the exposure to a world that did not abide by simple and familiar rules. Furthermore, his idiosyncratic

past was not very "usable" in the larger world, and he had little experience in planning and decision-making. Here a new kind of link was required, between himself and the complex, overlapping, more rapidly paced and open-ended world awaiting him outside.

A behavioral approach was decided upon, building step after step on his existing routines and competencies. Fortunately, an informal team could be assembled for this purpose, caregivers who themselves would soon be dispersed by the deinstitutionalization process. There was both progress and backsliding until we hit upon the idea of asking him to become a behavioral instructor himself for two other individuals. (He did not have to carry this load alone, but did accept some real responsibility.) Like many another teacher, he learned more than his students. Essentially, he learned how to select congenial environmental systems and how to extricate himself from situations that posed danger. Of no less importance, he learned how to keep his head when the unexpected occurs, how to relax a bit in the midst of complexity. It was something of a paradox when this man, the one we were best able to prepare for independent functioning, was invited to live and work in a sheltered multi-generational setting developed by a local religious organization. By this time, others in a similar predicament had more need of this relatively structured environment. The last time I saw this man he made a point of telling me the time--both in Massachusetts and Oregon! He now wore a watch on each wrist, one for local and one for West Coast time where his brother and his family lived (and, in fact, he had given the watch on his recent trip to Oregon). In his early 70's, this man's world had expanded in

time and space and was, in truth, a little more scary, but he was alive and alert as seldom before.

There are, of course, many more configurations of time perspective among elderly adults than the few that have been sketched here. It is helpful to acquaint ourselves with the specific way our client has organized him or herself with respect to time, how this pattern may have become disrupted, and how we can help restore both the continuity of personal history and the pulse of ongoing life.

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PAST VERSUS FUTURE ORIENTATION IN PSYCHOTHERAPY FOR THE ELDERLY

Robert Kastenbaum

Abstract

Older clients bring a variety of time orientations into psychotherapy. Three brief case histories illustrate active engagement with the present, past-oriented with disruption, and obedience to external time. Clinical experience and time perspective research both suggest that restoration of the capacity to integrate past experience with the pulse of ongoing life can be a significant and realistic therapeutic goal.

Footnote:

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